

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90355 037 \*\*\*150.00

SECRET

**DOCUMENT # P99000101958**

1. Entity Name  
**EXPRESS AVIATION, INC.**

Principal Place of Business  
**2400 W 84 STREET STE 20**  
**MIAMI LAKES FL 33016**

Mailing Address  
**2400 W 84 STREET STE 20**  
**MIAMI LAKES FL 33016**

**B0071263**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0964807**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BIVENS, WILLIAM E**  
**14520 MUSTANG TRAIL**  
**FT LAUDERDALE FL 33330**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BIVENS, WILLIAM E</b>	
STREET ADDRESS	<b>14520 MUSTANG TRAIL</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33330</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BIVENS, BARBARA</b>	
STREET ADDRESS	<b>14520 MUSTANG TRAIL</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33330</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Ryan Michael Bivens</b>	
STREET ADDRESS	<b>14520 Mustang Trail</b>	
CITY-ST-ZIP	<b>Fort Lauderdale, FL 33330</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Amanda Joy Bivens</b>	
STREET ADDRESS	<b>14520 Mustang Trail</b>	
CITY-ST-ZIP	<b>Fort Lauderdale, FL 33330</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*William E. Bivens*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/09/2002 (305) 819-3909**  
 Date Daytime Phone #

CR2E034 (9/01)